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Memo

date: October 2005

to: Medical plan participants who were part of a reduction-in-force

from: Denise J. DiMeglio

subject: Medical plan rates for 2006

As part of your reduction-in-force from the Laboratory, you were offered medical benefits under the following special provisions:

- The cost for medical benefits during the first 12 months following the reduction-in-force will be the active employee premium.
- The next 12 months will be one-half of the COBRA cost.
- After the second year, coverage can be continued for up to 18 more months by paying the full COBRA cost.

If the premiums change for active employees, they will change for you as well. COBRA rates are also subject to change.

Coverage is only available if you continue to be eligible for it, do not have coverage available through another source, and remit the required contributions each month.

The attached documentation provides you with information on the open enrollment period for 2006. The contribution rates indicated in the attachment are the full COBRA rates for 2006.

2006 Open Enrollment For Medical Benefits

For Medical Participants Who Were Part Of A Reduction-In-Force

Welcome to the 2006 Open Enrollment Period. From October 17 through November 10, 2005 you may make the following changes to your coverage:

- Drop medical coverage
- Change from one medical plan to another
- Add or drop family members covered.

Any changes that you make will become effective on January 1, 2006. **If you do not want to make a change to your medical coverage, you do not need to do anything.** If you decide to make a change for 2006, you must complete a new enrollment form. Forms are available from the Benefits Office at (631) 344-5126, (631) 344-2877 or (800) 353-5321. Completed forms must be returned to the Benefits Office, Bldg. 185 by November 10.

You may only make changes to your coverage during the annual Open Enrollment Period or when a qualifying event occurs. Qualifying events allow you to make certain changes to your coverage if you notify the Benefits Office within a limited period of time from the date of the event. Qualifying events may include changes in: legal marital status, number of dependents, dependent status, employment status, work schedule, place of residence, or worksite. The qualifying event must relate to the change in coverage that you request. Additional information on qualifying events is available in the Benefits Office.

What's Changed?

The following is effective as of January 1, 2006 and applies to all medical plan participants.

- Due to a change in the Internal Revenue Code, the age limit for non-handicapped dependent children has changed as follows.

Medical Plan	Dependent Age Limit (eligibility if full-time student status is <u>not</u> met)	Dependent Age Limit (eligibility if full-time student status is met)
Aetna	End of month of 19 th birthday	End of year of 23 rd birthday
CIGNA	19 th birthday	End of year of 23 rd birthday
HIP	End of month of 19 th birthday	End of year of 23 rd birthday
Vytra	19 th birthday	End of year of 23 rd birthday

The following is effective as of January 1, 2006 and does not apply to former members of the IBEW Union who terminated employment on or after 8/1/00 and former members of the SCSA Union.

- Co-payments for office visits (primary care physicians and specialists) and for prescription drugs have changed and are as follows.

Medical Plan	Office Visit Co-payment (PCP/Specialist)	In-network Retail (up to 30-day supply)	In-network Mail Order (up to 90-day supply)
		(generic / brand name formulary / brand name non-formulary)	
Aetna HMO	\$20/\$25	\$10/\$20/\$40	\$20/\$40/\$80
CIGNA OAP	\$20/\$30	\$10/\$25/\$40	\$20/\$50/\$80
HIP HMO	\$20/\$30	\$15/\$30/\$50	\$22.50/\$45/\$150
Vytra PPO	\$20/\$30	\$10/\$25/\$40	\$20/\$50/\$80

- The 3-month extension of coverage following the graduation of a dependent child under the CIGNA plan has been eliminated, and coverage will end as of the end of the month of graduation.
- Dual coverage in the CIGNA plan is being eliminated (where the husband and wife can cover each other and family members in the program). If this applies to you, you will need to make a change to your coverage to no longer cover each other.
- Under the CIGNA plan for participants not eligible for Medicare, when an individual has 2 medical plans and the CIGNA plan is secondary, benefits are coordinated so that the total benefits paid by all plans are not more than 100% of the total of all allowable expenses. Please note that this means that for out-of-network expenses incurred during the calendar year, the deductible will apply.

If the participant has 2 plans and is eligible for Medicare, then coverage under the CIGNA plan depends on a variety of factors including if the provider is in or out-of-network, if such provider accepts Medicare or not, and if you have met your Medicare deductible or not.

In either case, the benefit credit has been eliminated, and the CIGNA plan will not reimburse participants for more than their normal liability in the absence of other insurance.

Plans Available As Of January 1, 2006

Non-Medicare-Eligible Participants	Medicare-Eligible Participants
Aetna HMO	CIGNA OAP*
CIGNA OAP for non-IBEW members (CIGNA PPO for former IBEW members)**	HIP VIP HMO
HIP HMO	CIGNA Indemnity*
Vytra PPO for non IBEW members (Vytra HMO for former IBEW members)**	

* The CIGNA OAP is not available to IBEW Union members who terminate(d) employment on or after 8/1/00. CIGNA Indemnity is only available to IBEW Union members who terminate(d) employment on or after 8/1/00.

** The CIGNA PPO and Vytra HMO are only available IBEW Union members who terminate(d) employment on or after 8/1/00. For IBEW Union members who terminated employment before 8/1/00, the CIGNA OAP and Vytra PPO apply.

- If you and your spouse are **not** eligible for Medicare, you may both participate in a non-Medicare plan but must elect the same plan.
- If you and your spouse are eligible for Medicare, you may both participate in a Medicare plan but must elect the same plan.
- If you are **not** eligible for Medicare but your spouse is eligible for Medicare (or vice versa), the Medicare-eligible participant may participate in any of the Medicare plans. The non-Medicare-eligible participant may participate in any of the non-Medicare plans.

A comparison of the medical plans is enclosed.

Additional Information

Additional information, including provider directories is available through the Benefits Office and through the following websites and telephone numbers.

Medical Plan	Website	Telephone #
Aetna HMO	www.aetna.com	(800) 323-9930
CIGNA PPO, OAP and Indemnity	www.cigna.com	(800) 244-6224
HIP HMO and HIP VIP HMO	www.hipusa.com	(800) 447-8255
Vytra HMO and PPO	www.vytra.com	(631) 694-4000

Monthly Active Employee Cost (January 1, 2006)

For participants who were **not** members of the IBEW Union or SCSPA Union:

Annual Base Salary*	Plan	Monthly Cost		
		Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$0 - \$39,999.99	Aetna HMO	\$ 42.44	\$ 79.31	\$120.09
	CIGNA OAP	\$ 47.98	\$100.96	\$138.50
	HIP HMO	\$ 31.42	\$ 57.36	\$91.33
	Vytra PPO	\$ 37.69	\$ 75.42	\$108.77
\$40,000 - \$69,999.99	Aetna HMO	\$ 63.66	\$118.97	\$180.14
	CIGNA OAP	\$ 71.96	\$151.43	\$207.75
	HIP HMO	\$ 47.12	\$ 86.05	\$136.99
	Vytra PPO	\$ 56.54	\$113.13	\$163.16
\$70,000 - \$99,999.99	Aetna HMO	\$ 80.64	\$150.69	\$228.17
	CIGNA OAP	\$ 91.15	\$191.82	\$263.15
	HIP HMO	\$ 59.69	\$108.99	\$173.53
	Vytra PPO	\$ 71.62	\$143.29	\$206.67
\$100,000 and over	Aetna HMO	\$101.86	\$190.34	\$288.22
	CIGNA OAP	\$115.14	\$242.29	\$332.40
	HIP HMO	\$ 75.40	\$137.67	\$219.19
	Vytra PPO	\$ 90.46	\$181.00	\$261.06

For participants who were members of the IBEW Union and terminated employment on or after January 1, 2004:

Medical Plan	Contribution as a % of Annual Base Salary*		
	One Person	2 People	3 or More People
Aetna HMO CIGNA PPO HIP HMO Vytra HMO	3%	3.5%	4%

For participants who were members of the SCSPA Union:

Annual Base Salary*	Monthly Cost		
	Employee Only	Employee + 1 Dependent	Employee + 2 or more Dependents
Less than \$30,000	\$ 22.62	\$ 34.58	\$ 46.50
\$30,000 to \$39,999.99	\$ 32.20	\$ 47.67	\$ 64.35
\$40,000 to \$59,999.99	\$ 41.73	\$ 61.97	\$ 83.42
\$60,000 to \$79,999.99	\$ 54.90	\$ 82.46	\$109.94
\$80,000 and over	\$ 71.41	\$107.21	\$142.91

**The Annual Base Salary category is based on your full-time equivalent salary on the day immediately preceding your termination of employment.*

Monthly COBRA Cost (January 1, 2006)

For participants who were **not** in the IBEW Union or the SCSPA Union (or who were members of the IBEW Union who terminated employment before August 1, 2000):

Medical Plan	Coverage		
	One Person	2 People	3 or More People
Aetna HMO	\$432.89	\$ 808.96	\$1224.92
CIGNA OAP	\$489.36	\$1029.75	\$1412.68
CIGNA OAP for Medicare Eligible Participants	\$272.99	\$ 545.99	
HIP HMO	\$320.44	\$ 585.11	\$ 931.56
HIP VIP HMO (Suffolk) for Medicare Eligible Participants*	\$292.26	\$ 584.52	
Vytra PPO	\$384.47	\$ 769.25	\$1109.49

For participants who were members of the IBEW Union who terminated employment on or after August 1, 2000:

Medical Plan	Coverage		
	One Person	2 People	3 or More People
Aetna HMO	\$473.38	\$ 884.44	\$1339.16
CIGNA PPO	\$513.81	\$1081.23	\$1483.30
HIP HMO	\$380.50	\$ 694.74	\$1106.11
HIP VIP HMO (Suffolk) for Medicare Eligible Participants*	\$292.26	\$ 584.52	
Vytra HMO	\$448.76	\$ 897.81	\$1294.83
CIGNA Indemnity for Medicare Eligible Participants	\$266.32	\$ 539.31	

For participants who were members of the SCSPA Union:

Medical Plan	Coverage		
	One Person	2 People	3 or More People
Aetna HMO	\$453.70	\$ 848.03	\$1284.08
CIGNA OAP	\$489.36	\$1029.75	\$1412.68
CIGNA OAP for Medicare Eligible Participants	\$272.99	\$ 545.99	
HIP HMO	\$375.30	\$ 685.30	\$1091.04
HIP VIP HMO (Suffolk) for Medicare Eligible Participants*	\$292.26	\$ 584.52	
Vytra PPO	\$393.90	\$ 788.07	\$1136.62

*Subject to change; pending CMS approval.